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APPLICANTS

Wei Wu, Redmond, WA;
 Shenghua Ye, Sammamish, WA;
 Julie D. Bennett, Medina, WA;
 Mohammed G. El-Gammal, Woodinville, WA;
 Frank N. Chu, Issaquah, WA;
 Sunggook Chue, Redmond, WA;
 Kenneth Chi-Liang Hsu, Redmond, WA;
 Laura Gonzalez Gomez, Seattle, WA;

** CONTINUING DATA *****

None *N/A*

** FOREIGN APPLICATIONS *****

None *N/A*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 9	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and <i>None</i>				
Acknowledged <i>None</i>	Examiner's Signature	Initials		

ADDRESS

27367

TITLE

Resource compaction

FILING FEE RECEIVED 1058	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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